



8. DURING THE PAST YEAR, HAVE YOU RECEIVED A TRANSFUSION OF BLOOD OR BLOOD PRODUCTS, OR BEEN GIVEN IMMUNE (GAMMA) GLOBULIN OR AN ANTIVIRAL DRUG?			
9. FOR WOMEN: ARE YOU PREGNANT OR IS THERE A CHANCE YOU COULD BECOME PREGNANT DURING THE NEXT MONTH?			
10. HAVE YOU RECEIVED VACCINATIONS IN THE PAST 4 WEEKS?			
11. Do you use tobacco products? (Including: Vapes, E-cigarettes, Cigars, Cigarillo's, traditional cigarettes or chewing tobacco)			
12. If you answered YES to question #11 – Would you like FREE help to quit?			

## ADMINISTERED VACCINES: (OFFICE USE ONLY)

VACCINE: SHINGRIX	DOSE:	LOT#/MFR:	SITE: IM	VIS 10/30/19	VACCINE: PCV-13	DOSE:	LOT #/MFR:	SITE IM	VIS 10/30/19
VACCINE: Tdap	DOSE:	LOT#/MFR:	SITE: IM	VIS 4/1/20	VACCINE: MCV 4	DOSE:	LOT #/MFR:	SITE IM	VIS 8/15/19
VACCINE: HEP B	DOSE:	LOT#/MFR:	SITE: IM	VIS: 8/15/19	VACCINE: MEN B	DOSE:	LOT #/MFR:	SITE IM	VIS 8/15/19
VACCINE: IPV	DOSE:	LOT#/MFR:	SITE: IM/SQ	VIS 10/30/19	VACCINE: HPV 9	DOSE:	LOT #/MFR:	SITE IM	VIS 10/30/19
VACCINE: MMR	DOSE:	LOT#/MFR:	SITE: SQ	VIS 8/15/19	VACCINE: HEP A	DOSE:	LOT #/MFR:	SITE IM	VIS 7/28/20
VACCINE: HIB	DOSE:	LOT#/MFR:	SITE: IM	VIS 10/30/19	VACCINE: PPSV 23	DOSE:	LOT #/MFR:	SITE IM	VIS 10/30/19
VACCINE: VARICELLA	DOSE:	LOT#/MFR:	SITE: SQ	VIS 8/15/19	VACCINE: FLU	DOSE:	LOT #/MFR:	SITE IM	VIS: 8/15/19
VACCINE: RABIES	DOSE:	LOT#/MFR:	SITE: IM	VIS 01/08/20	VACCINE: TYPHOID	DOSE:	LOT #/MFR:	SITE IM	VIS 10/30/19

**NURSE SIGNATURE**

**DATE**